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# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Has this registrant previously registered with the Office of the Clerk?  Yes  No 1. Effective Date of Registration 07/01/2006  
2. House Identification Number \_\_\_\_\_ Senate Identification Number \_\_\_\_\_

## REGISTRANT

3. Registrant name Organization Mercury Public Affairs  
Address 1775 Eye Street NW Suite 700  
City Washington State DC Zip 20006 US  
4. Principal place of business (if different than line 3)  
City New York State NY Zip 10010 US  
5. Telephone number and contact name Prefix Full Name  
202 551 1450 Contact Mr. John Hishta E-mail jhishta@mercuryllc.com  
6. General description of registrant's business or activities  
Public Affairs

**CLIENT** *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the labeled "Self" and proceed to line 10.*  Self

7. Client name Fleishman Hillard Inc.  
Address 1615 L Street NW Suite 1000  
City Washington State DC Zip 20036 Country U  
8. Principal place of business (if different than line 7)  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
9. General description of client's business or activities  
Public Relations

## LOBBYISTS

Go to page 3 to add more

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of filing this registration as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name			Covered Official Position (if applicable)
First	Last	Suffix	
John	Hishta		
Mike	McSherry		



Registrant Name Mercury Public Affairs Client Name Fleishman Hillard Inc.

**LOBBYING ISSUES**    INS - Insurance Go to page 3 to add more lobbyi

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, pa

FIN      MAN      INS      \_\_\_\_\_

12. Specific lobbying issues (current and anticipated)

Asbestos Reform

**AFFILIATED ORGANIZATIONS** Go to page 3 to add more orga

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semiannual period **and** in whole or in major part plans supervises or controls the registrant's lobbying activities?

No ⇒ Go to line 14.       Yes ⇒ Complete the rest of this section for each entity matching criteria above, then proceed to line 14.

Name	Address	Principal place of Busine: (city and state or countr

**FOREIGN ENTITIES** Go to page 3 to add more forei

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes ac the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome c lobbying activity?

No ⇒ Sign and date the registration.       Yes ⇒ Complete the rest of this section for each entit matching the criteria above, then sign and date registration.

Name	Address			Principal place of business (city and state or country)	Amount of contribution for lobbying activities	C P
	Street Address City	State/Province	Country			

**Form Con**

Printed Name and Title John Hishta, Managing Director



Registrant Name Mercury Public Affairs

Client Name Fleishman Hillard Inc.

**ADDITIONAL LOBBYISTS**

*Return to page 2 to finish*

10 Supplemental. List any additional lobbyists for this client not listed on page 1, number 10.

First	Name		Covered Official Position (if applicable)
	Last	Suffix	

**ADDITIONAL LOBBYING ISSUES**

*Return to page 2 to finish*

11 Supplemental. General lobbying issue areas. Enter any additional codes for issues not listed on page 2, number 11.

INS - Insurance

**AFFILIATED ORGANIZATIONS**

*Return to page 2 to finish*

13 Supplemental. List any other affiliated organization that meets the criteria specified and is not listed on page 2, number 13.

Name	Address	Principal place of Business (city and state or country)

**ADDITIONAL FOREIGN ENTITIES**

*Return to page 2 to finish*

14 Supplemental. List any other foreign entity that meets the criteria specified and is not listed on page 2, number 14.

Name	Address			Principal place of business (city and state or country)	Amount of contribution for lobbying activities	perc
	Street Address	State/Province	Country			

*Add an additional supplementary information*  
JH 1/12/05

Printed Name and Title John Hishta, Managing Director

